BEFORE THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES OF THE
STATE OF MONTANA

In the matter of the amendment of ARM 37.86.1001, 37.86.1006, 37.86.1807, 37.86.2105, 37.86.2217, 37.86.2402, 37.86.2405, 37.86.2602, and 37.86.2605 pertaining to Medicaid Dental Services, Durable Medical Equipment, Eyeglass Services, Ambulance Services, and Transportation	)	NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENT

TO: All Interested Persons

1. On May 24, 2006, at 1:30 p.m., a public hearing will be held in the auditorium of the Department of Public Health and Human Services Building, 111 N. Sanders, Helena, Montana to consider the proposed amendment of the above-stated rules.

The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who need an alternative accessible format of this notice or provide reasonable accommodations at the public hearing site. If you need to request an accommodation, contact the department no later than 5:00 p.m. on May 15, 2006, to advise us of the nature of the accommodation that you need. Please contact Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210; telephone (406)444-5622; FAX (406)444-1970; e-mail dphhslegal@mt.gov.

2. The rules as proposed to be amended provide as follows. Matter to be added is underlined. Matter to be deleted is interlined.

37.86.1001 DENTAL SERVICES, DEFINITIONS For purposes of this subchapter, the following definitions apply:

(1) remains the same.

~~(2)~~ (5) "Relative ~~v~~Values for ~~d~~Dentists (RVD) ~~s~~Scale" means the scale published biennially by Relative Value Studies Inc., 1675 Larimer, Suite 410, Denver, CO 80202, listing the relative value of dental services provided by dentists and denturists.

~~(3)~~ (6) "Relative value unit (RVU)" means a numerical value assigned in the resource based relative value scale to each procedure code for which a relative value is available. The RVD is a comprehensive relative value system that lists dental procedures used by dentists, ~~and~~ denturists, and hygienists as an expression of the relative effort and expense expended by a provider in providing one service as compared to another service.

(2) "Dental hygiene" means services performed by a licensed preventive oral

health practitioner known as a dental hygienist, that are therapeutic, prophylactic, or preventive procedures in nature.

(3) "Dental hygienist" means a licensed preventive oral health practitioner practicing in compliance with the provisions of Title 37, chapter 4, MCA.

(4) "Public health supervision" means the provision of limited dental hygiene preventative services without the prior authorization or presence of a licensed dentist in a public health facility.

AUTH: 53-6-113, MCA
IMP: 53-6-101, 53-6-141, MCA

37.86.1006 DENTAL SERVICES, COVERED PROCEDURES (1) For purposes of specifying coverage of dental services through the ~~m~~Medicaid program, the department incorporates by reference the ~~d~~Dental and ~~d~~Denturist ~~s~~Services ~~p~~Provider ~~m~~Manual effective July ~~2005~~ 2006. The ~~d~~Dental and ~~d~~Denturist ~~s~~Services ~~p~~Provider ~~m~~Manual, provided to providers of those services, informs the providers of the requirements applicable to the delivery of services. Copies of the manual are available on the ~~m~~Medicaid provider website at www.dphhs.mt.gov and from the Department of Public Health and Human Services, Health Resources Division, ~~Medicaid~~ Acute Services Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(2) Dentists who are Medicaid provider participants under ARM 37.85.401 may bill medical ~~"~~CPT~~"~~ procedure codes as provided in ARM 37.85.212 and 37.86.101 for any ~~m~~Medicaid covered medical procedure ~~which~~ that they are allowed to provide under the Dental Practice Act that is not otherwise listed in the ~~d~~Dental and Denturist ~~s~~Services ~~p~~Provider ~~m~~Manual.

(3) remains the same.

(4) A licensed dental hygienist practicing under public health supervision may provide dental hygiene preventative services as defined by the Board of Dentistry.

(5) Covered services for adults age 21 and over include:

(a) diagnostic;

(b) preventative;

(c) basic restorative services including prefabricated crowns; and

(d) extractions.

(6) Full maxillary and full mandibular dentures are a Medicaid covered service. Coverage is limited to one set of dentures every ten years. Only one lifetime exception to the ten year time period is allowed per recipient if one of the following exceptions is authorized by the department:

(a) The dentures are no longer serviceable and cannot be relined or rebased.

(b) The dentures are lost, stolen, or damaged beyond repair.

(7) Maxillary partial dentures and mandibular partial dentures are a Medicaid covered service. Coverage is limited to one set of partial dentures every five years. Only one lifetime exception to the five year limit is allowed per recipient if one of the following exceptions is authorized by the department:

(a) The partial dentures are no longer serviceable and cannot be relined or rebased.

(b) The partial dentures are lost, stolen, or damaged beyond repair.

(8) The limits on coverage of denture replacement may be exceeded when the department determines that the existing dentures are causing the recipient serious physical health problems.

(a) The dentist or denturist must indicate "replacement dentures" on the request for prior authorization of replacement dentures and document the medical necessity for the replacement.

~~(4)~~ (9) Coverage of denture services are subject to the following requirements and limitations:

(a) ~~a~~ A denturist may provide initial immediate full prosthesis and initial immediate partial prosthesis only when prescribed by a dentist~~; and~~.

(b) ~~r~~Requests for full prosthesis must show the approximate date of the most recent extractions, and/or the age and type of the present prosthesis.

~~(5) Replacement of lost dentures is a covered service subject to the following requirements and limitations:~~

~~(a) the dentist or denturist must indicate "lost dentures" on the request for prior authorization for replacement;~~

~~(b) full dentures which are over 10 years old may be replaced when the treating dentist documents the need for replacement;~~

~~(c) partial dentures which are over five years old may be replaced with full dentures;~~

~~(d) dentures which are between five and 10 years old may be replaced when the treating dentist documents the need for replacement, but reimbursement is at the rate for duplicating (or jumping) the dentures;~~

~~(e) the limits on coverage of denture replacement may be exceeded when the designated review organization determines that the existing dentures are causing the recipient serious physical health problems;~~

~~(f) replacement of a lost denture is limited to one replacement per recipient per lifetime.~~

(6) through (12) remain the same but are renumbered (10) through (16).

~~(13) Covered services for adults age 21 and over include:~~

~~(a) diagnostic;~~

~~(b) preventative;~~

~~(c) basic restorative services including stainless steel crowns; and~~

~~(d) extractions.~~

~~(14)~~ (17) ~~Tooth colored crowns and~~ Porcelain/ceramic crowns, noble metal crowns, and bridges are not covered benefits of the ~~m~~Medicaid program for individuals age 21 and over.

AUTH: 53-2-201, 53-6-113, MCA
IMP: 53-6-101, 53-6-113, MCA

37.86.1807 PROSTHETIC DEVICES, DURABLE MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES, FEE SCHEDULE (1) remains the same.

(2) Prosthetic devices, durable medical equipment, and medical supplies shall be reimbursed in accordance with the department's Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) ~~f~~Fee ~~s~~Schedule ~~dated January 2005~~, effective July 2006 which is adopted and incorporated by reference.

A copy of the department's Prosthetic Devices, Durable Medical Equipment, and Medical Supplies ~~f~~Fee ~~s~~Schedule may be obtained from the Department of Public Health and Human Services, Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(3) The department's DMEPOS ~~f~~Fee ~~s~~Schedule~~, referred to in ARM 37.86.1806(1),~~ for items other than wheelchairs and items billed under generic or miscellaneous codes as described in (1)~~,~~ shall include fees set and maintained according to the following methodology:

(a) through (b)(iii) remain the same.

(4) The department's DMEPOS ~~f~~Fee ~~s~~Schedule~~, referred to in ARM 37.86.1806(1),~~ for all wheelchairs and items billed under generic or miscellaneous codes as described in (1) shall be 75% of the provider's usual and customary charge as defined in (3)(b)(i).

AUTH: 53-2-201, 53-6-113, MCA
IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, 53-6-141, MCA

37.86.2105 EYEGLASSES, REIMBURSEMENT (1) remains the same.

(2) Reimbursement for contact lenses or dispensing fees is as follows:

(a) The department pays the lower of the following:

(i) the provider's usual and customary charge for the service; or

(ii) the amount specified for the particular service or item in the department's Eyeglasses ~~f~~Fee ~~s~~Schedule.

(3) The department ~~hereby~~ adopts and incorporates by reference the department's Eyeglasses ~~f~~Fee ~~s~~Schedule ~~dated December 2004~~ effective July 2006 which sets forth the reimbursement rates for eyeglasses, dispensing services, and other related supplies for optometric services. A copy of the department's fee schedule may be obtained from the Department of Public Health and Human Services, Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

AUTH: 53-6-113, MCA
IMP: 53-6-101, 53-6-113, 53-6-141, MCA

37.86.2217 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES (EPSDT), PRIVATE DUTY NURSING SERVICES

(1) Private duty nursing services ~~include~~ are limited to:

(a) and (b) remain the same.

(2) Private duty nursing services do not include:

(a) psychological or mental health counseling;

(b) nurse supervision services including chart review, case discussion, or scheduling by a registered nurse; ~~or~~

(c) travel time to and from the recipient's place of service~~.~~;

(d) services provided to allow the client's family or caregiver to work or to go to school; or

(e) services provided to allow respite for caregivers or the client's family.

(3) Private duty nursing services must be authorized prior to the initial

provision of services and any time the condition of the client changes resulting in a change to the amount of skilled nursing services being provided ~~plan of care is amended~~. Authorization must be renewed with the department, or the department's designated review agent, every 90 days during the first ~~6~~ six months of services, and every ~~6~~ six months thereafter.

(a) Authorization for private duty nursing services provided through school districts may be authorized for the duration of the regular school year. Services provided during the summer months are additional services that require separate prior authorization.

~~(a)~~ (4) Authorization is based on approval of a plan of care by the department or department's designated review agent.

~~(b)~~ (5) A provider of private duty nursing services must be an incorporated entity meeting the legal criteria for independent contractor status that either employs or contracts with nurses for the provision of nursing services. The department does not contract with or reimburse individual nurses as providers of private duty nursing services.

(6) Private duty nursing services provided to an eligible client by a person who is the client's legally responsible person as that term is used in this rule must be prior authorized by the department or its designee.

(a) For purposes of this rule, "legally responsible person" means a person who has a legal obligation under the provisions of Montana law to care for another person. Legally responsible person includes the parents (natural, adoptive, or foster) of minor children, legally assigned caretaker relatives of minor children, and spouses.

(b) For private duty nursing services provided to a Medicaid client by a person who is legally responsible for the Medicaid client, the department will approve no more than 40 hours of services under the EPSDT program in a seven day period. The legally responsible person must meet the department's criteria for providing PDN services. The individual must be a licensed RN or LPN and be employed by an agency enrolled to provide private duty nursing services.

AUTH: 53-2-201, 53-6-113, MCA
IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

37.86.2402 TRANSPORTATION AND PER DIEM, REQUIREMENTS

(1) through (3)(c) remain the same.

(4) ~~Coverage of transportation mileage fees does not include any other fees. Reimbursement is not available for other fees.~~ Private vehicle transportation is limited to mileage reimbursement. Reimbursement is not available for any other private vehicle costs or fees.

(5) Coverage of per diem ~~does not include a round trip that~~ is not available when a round trip can reasonably be made in one day.

(6) Coverage of nonemergent transportation and per diem must be prior authorized by the department or its designee.

(a) remains the same.

(7) Coverage of emergent transportation and per diem must be authorized by the department or its designee.

(a) Notification of emergent transportation must be received by the department or its designee within 30 days of the initial emergency treatment.

(7) through (12) remain the same but are renumbered (8) through (13).

~~(13) Mileage reimbursement is not available for local travel within the town or city where the client resides.~~

(14) through (15)(h) remain the same.

AUTH: 53-6-113, MCA
IMP: 53-6-101, 53-6-141, MCA

37.86.2405 TRANSPORTATION AND PER DIEM, REIMBURSEMENT

(1) The department pays the lower of the following reimbursement rates for transportation services:

(a) the provider's actual submitted charge; or

(b) the department's Personal Transportation and Per Diem ~~f~~Fee ~~s~~Schedule.

(2) The department ~~hereby~~ adopts and incorporates by reference the department's Personal Transportation ~~f~~Fee ~~s~~Schedule ~~dated July 2003~~ effective July 2006 which sets forth the reimbursement rates for transportation, per diem, and other ~~m~~Medicaid services. A copy of the department's fee schedule may be obtained from the Department of Public Health and Human Services, ~~Health Policy and Services~~ Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(3) through (5) remain the same.

AUTH: 53-2-201, 53-6-113, MCA
IMP: 53-6-101, 53-6-113, 53-6-141, MCA

37.86.2602 AMBULANCE SERVICES, REQUIREMENTS (1) through (5)(f) remain the same.

(6) Air ambulance services are covered if:

(a) through (b)(ii) remain the same.

(c) Air ambulance services may be covered for the transfer of a patient from one hospital to another if the transferring hospital does not have adequate facilities to provide the specialized medical services needed by the recipient and if the requirements of (6)(a) through (b)(ii) ~~of this rule~~ are met.

(i) and (ii) remain the same.

(7) and (8) remain the same.

(9) Emergency ambulance services must be reported to the department's designee within ~~60~~ 180 days of the emergency transport or within ~~90~~ 180 days of the retroactive eligibility determination date.

(10) through (12) remain the same.

AUTH: 53-6-113, MCA
IMP: 53-6-101, 53-6-113, 53-6-141, MCA

37.86.2605 AMBULANCE SERVICES, REIMBURSEMENT (1) Except as provided in (4), the department pays the lowest of the following for ambulance

services:

(a) the provider's usual and customary charge for the service; or

(b) the amount listed in the department's Ambulance ~~f~~Fee ~~s~~Schedule.

(2) The department ~~hereby~~ adopts and incorporates by reference the department's Ambulance ~~f~~Fee ~~s~~Schedule ~~dated July 2003~~ effective July 2006 which sets forth the reimbursement rates for ambulance services and other ~~m~~Medicaid services. A copy of the department's fee schedule may be obtained from the Department of Public Health and Human Services, ~~Health Policy and Services~~ Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(3) through (4) remain the same.

AUTH: 53-2-201, 53-6-113, MCA
IMP: 53-6-101, 53-6-113, 53-6-141, MCA

3. The Department of Public Health and Human Services (department) is proposing to amend rules pertaining to the following services reimbursed by the Montana Medicaid program: dental, durable medical equipment (DME), eyeglasses, private duty nursing (PDN), personal transportation and per diem, and ambulance services. During State Fiscal Year 2005 approximately 53,000 Medicaid recipients accessed these services. These rule changes, which are described in more detail below, are necessary to implement provider fee updates for DME, eyeglasses, private transportation, and ambulance, to allow dental hygienists who are providing public health services under a limited access permit to become Medicaid providers, and to state the extent that Medicaid will reimburse for skilled nursing provided by an individual who has an obligation to provide some support to a Medicaid client (defined as a legally responsible individual in these rules).

ARM 37.86.1001

This amendment adds definitions for dental hygienists, dental hygiene, and public health supervision. These definitions are necessary to implement the amendments to ARM 37.86.1006.

ARM 37.86.1006

This amendment allows a dental hygienist who offers dental hygiene services under the public health supervision provision of 37-4-405(6), MCA to enroll as a Medicaid provider if the hygienist has a limited access permit from the Board of Dentistry. Currently, dental hygienist services are billed under the provider number of the hygienist's supervising dentist. A 2003 change in law, 2003 Laws of Montana Chapter 172, allows hygienists to work independently for some services listed in 37-4-405, MCA. The department reviewed the alternative of continuing the existing practice of enrolling only dentists as Medicaid providers of dental hygiene, but chose to amend the rule because the addition of dental hygienists as providers will allow more Medicaid recipients to have access to preventative services. Hygienists are required to provide for the referral to a licensed dentist of any patient needing

treatment outside their scope of practice. This referral should also improve client access to other dental services and may limit the need of more intrusive and costly dental services. There are currently six dental hygienists in the state who have a limited access permit. No significant fiscal impact is projected.

This rule is also being amended to more clearly state the circumstances when Medicaid will pay for denture replacement. The current rule language is often misunderstood by dentists. Currently, Medicaid will pay a fee for dentures only once in a five or ten year period, depending on the type of denture. There is an exception that allows replacement dentures within this time period if: 1) the dentures are lost; or, 2) the department and the treating dentist agree that the current dentures are causing the recipient serious physical health problems. Dentists frequently ask for the once in a lifetime replacement of dentures, stating that the Medicaid patient is unable to wear his or her dentures. If the dentures are not lost or currently causing physical health problems, Medicaid does not cover replacement cost. The new language does not alter this policy. It requires dentists to document the medical necessity for the replacement or that the dentures are lost. It also states that there must be prior authorization from the department in order to replace dentures within the five or ten year limit. These changes will impact approximately 392 providers. No significant fiscal impact is projected.

ARM 37.86.1807

The department is proposing to change the fee schedule reference for Durable Medical Equipment (DME) to be effective July 2006. This rule change is necessary to correctly adopt the most current codes and fees to be paid to DME providers that will be effective as of July 2006 and to update the administrative rule which references a January 2005 fee schedule. Based on the utilization rates from State Fiscal Year 2005, the department estimates this change to be budget neutral. This rule change will impact approximately 608 providers and 12,000 recipients.

ARM 37.86.2105

The proposed rule change to ARM 37.86.2105 is to reflect the most current version of the fee schedule as posted on the department's website. The only change is to the date of the schedule itself. The fees and codes have not changed. The department does not anticipate any fiscal impact with this update since only the effective date of the fee schedule has changed. This rule change will impact three providers.

ARM 37.86.2217

There are four separate amendments to this rule, which applies only to Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) services. EPSDT services only apply to individuals up to and including 20 years of age. The department is proposing to amend the word "include:" to the phrase "are limited to:" in ARM 37.86.2217(1). This is not a change in interpretation or policy. The change

is to more accurately state that the term private duty nursing services has always meant skilled nursing services provided directly to a child, and patient-specific training provided by a registered nurse or licensed practical nurse. The word "include" instead of "are limited to" has caused confusion because some PDN providers have interpreted this rule to mean that PDN may be services other than skilled nursing, such as day care and respite services. This has never been Montana Medicaid's policy.

The rule amendment to ARM 37.86.2217(2) would reiterate that day care and respite are not skilled nursing and are not covered under private duty nursing. Parents and caregivers often ask for these services under private duty nursing. It has never been the department's policy to cover these as skilled nursing under PDN and the department has stated this in the provider handbook.

The amendment to ARM 37.86.2217(3) extends the period of authorization for school district providers of PDN services. This rule amendment formalizes policy the department has been following for the past four years. In state fiscal year 2002-2003, the department decreased the prior authorization requirement of school based PDN providers. An analysis completed of four years of data showed that school based PDN services did not deviate from the initial six months to the remaining three months of school. A prior authorization for the traditional school year period will be administratively efficient. The department reviewed the option of not amending the rule but opted to amend the rule because its prior authorization requirements for school districts differ from independent PDN prior authorization requirements. This change has no fiscal impact.

The department is also amending ARM 37.86.2217(6) to state that PDN services provided to a Medicaid client by a person legally responsible for that client must be prior authorized by the department or its designee. For the purpose of this rule, legally responsible person includes the parents (natural, adoptive, or foster) of minor children, legally assigned caretaker relative of minor children and spouses. The department is proposing this rule change to be able to limit the circumstances in which a legally responsible person, typically spouses or parents, are allowed to provide Medicaid reimbursed PDN services to another family member.

Requiring authorization from Montana Medicaid allows for control over the number of hours that will be reimbursed to a legally responsible person, thus ensuring that legally responsible persons are still the primary caregivers responsible for the care of the child. Legally responsible persons must meet the specific requirements of a skilled nurse in order to be authorized by the department to provide PDN services. Currently the department has no limits on PDN services provided by legally responsible persons. The department will authorize up to 40 hours in a seven day period of EPSDT private duty nursing services that can be provided by a legally responsible person. This authorization will not limit the total amount of hours approved for skilled nursing services for a client. The department needs to adopt requirements and/or guidelines for legally responsible persons. This change should eliminate inappropriate payments for service. These rule changes will impact

approximately 20 providers and 138 recipients.

ARM 37.86.2402

The department is amending ARM 37.86.2402 to clarify the current language in rule that coverage of transportation mileage fees does not include any other fees. This phrase is difficult to interpret. Clients often request reimbursement for repairs, flat tires, and other operational costs of their vehicle, which are not covered under this rule. The proposed language does not change the policy, it states it more clearly. An amendment is also proposed to simplify the section regarding per diem being available starting on the second day of travel. The original statement was difficult to read. This wording makes it clear that per diem is not available on a one day trip.

The department is also amending the rule by adding emergent transportation requirements and defining nonemergent requests that require authorization from the department before the service is received. Currently, there is no policy defining the instances when a client can or should be reimbursed for using a personal vehicle to obtain emergency medical care. By providing reimbursement for emergent travel, inappropriate use of ambulance services should decrease. The department is requiring notification be within 30 days of the initial emergency treatment. This period allows the client adequate time to notify the Transportation Center of the trip, yet maintain timely notification requirements necessary to verify the services were provided. Inappropriate use of ambulance services may decrease, however personal mileage and commercial provider reimbursement may increase. The department does not anticipate any budget impact.

The department is removing (13), which barred reimbursement for travel within a client's community. This is no longer applicable. Commercial transportation (bus, taxi, wheelchair van) is allowed within a client's community. Personal vehicle reimbursement is allowed, however the department will not issue a check for reimbursements that total less than $5 in a calendar month according to ARM 37.86.2405(3). This change may result in a minimal budget increase. These changes will affect approximately 23 providers and 8,000 recipients.

ARM 37.86.2602

The proposed amendment changes the reporting requirement from within 60 days of the emergency transport to 180 days, and from within 90 days of the determination to retroactive eligibility to 180 days. Providers must submit documentation of the transport within the time limitation and receive authorization of medical necessity in order to be reimbursed. The 60/90 day rule was originally a 30-day rule, initiated in 1994 when medical review and authorization of ambulance transport began. In 1994 the department, and its contractor for payments, were concerned that ambulance companies would accumulate claims over long periods of time then flood the payment contractor with many claims at once. In 2003 the rule was changed to 60 days, or 90 days for retroactive eligibility, to allow ambulances more time to determine eligibility and address the retroactive cases.

In the intervening years, there has been progress in ambulance billing. Most providers bill promptly and the volunteer services have contracted with billing services. By increasing the reporting requirement to 180 days from date of transport, or date retroactive eligibility is determined, providers are allowed greater opportunity to locate billing sources, yet still allow the review organization time to determine medical necessity and authorize transports within the 365 day timely filing limit.

Providers frequently object to the 60/90 day notification requirement. The department considered removing the notification requirement entirely. This option was not utilized, as the review organization must have adequate time to determine the medical necessity of the trip and provide notice to the provider with enough time left for the provider to file a clean claim within the 365-day timely filing limit. By allowing more time for ambulance providers to obtain authorization, the number of claims denied may decrease, however, more claims will be paid appropriately. This rule change will impact approximately 173 providers.

ARM 37.86.2605

This change is being proposed to reflect that reimbursement for ambulance services will be made according to the department's fee schedule effective July 2006 rather than the previous fee schedule dated July 2003. Reference to the new fee schedule is necessary to implement changes in fees and reflect additional codes for injectable drugs. Many of the fees are based on the Medicare allowed amount and must be updated in accordance with Medicare's changes. This rule change affects approximately 173 providers and 6500 clients. The change in reimbursement rates and codes results in no significant budget increase.

4. Interested persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210, no later than 5:00 p.m. on June 1, 2006. Data, views, or arguments may also be submitted by facsimile (406)444-1970 or by electronic mail via the Internet to dphhslegal@mt.gov. The department also maintains lists of persons interested in receiving notice of administrative rule changes. These lists are compiled according to subjects or programs of interest. For placement on the mailing list, please write the person at the address above.

5. The Office of Legal Affairs, Department of Public Health and Human

Services has been designated to preside over and conduct the hearing.

/s/ Russ Cater
Rule Reviewer

/s/ Russ Cater for
Director, Public Health and Human Services

Certified to the Secretary of State April 24, 2006.